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Substitute for form 1449B/PTO				Complete if Known			
		DIC	01.001105	Application Number	Unassigned - 10/007019	5	
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STATEMENT BY APPLICANT				First Named Inventor	Gilman, Ralph A.	90	
				Group Art Unit	Unassigned- 2/36	200	
	(use as many	/ sheets as	necessary)	Examiner Name	Unassigned Col, N	0.0	
Sheet	1	of	1	Attorney Docket Number	A6425/T45100	:7	
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		Number Kind Code ² (if known)		Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Where Relevant Passages or Relevant Figures Appear
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		ОТ	HER PRIC	R ART - N	ON PATENT LITE	RATURE DOCUME	ENTS	
Examiner Initials *	Cite No.1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.						
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Examiner Signature	lad el	Date Considered	615-05
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